

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # **V32733 (0)**
1. Corporation Name
FLOOD UNDERWRITERS OF THE SOUTHEAST, INC.



Principal Place of Business
**700 W. HILLSBORO BLVD.
BLDG. 3, SUITE 206
DEERFIELD BEACH FL 33441
US**

Mailing Address
**PO BOX 4577
DEERFIELD BEACH FL 33442-4577
US**

3. Date Incorporated or Qualified **04/28/1992** 3a. Date of Last Record **03/23/1995**

4. FEI Number **65-0332508** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**WILLIAM S. WEISMAN
2101 CORPORATE BLVD
STE 300
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date filed (Not required for registered agent signature required when reappointing)

(Not required for registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BRUNS, JOHN F., III	700 W. HILLSBORO BLVD., STE.206	DEERFIELD BEACH FL	<input type="checkbox"/>
PTD	BOVENDER, DIANNA	700 W. HILLSBORO BLVD., STE.206	DEERFIELD BEACH FL	<input type="checkbox"/>
S	DILAURA, BARBARA	700 W. HILLSBORO BLVD., STE. 206	DEERFIELD BEACH FL	<input type="checkbox"/>
D	STANTON, PETER D.	2430 W. OAKLAND PK. BLVD.	FT. LAUDERDALE FL	<input type="checkbox"/>
V	WELCH, J.D.	700 W. HILLSBORO BLVD. STE 206	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dianna L. Bovender*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dianna L. Bovender, President

April 8, 1996

954-420-5860

Date

Daytime Phone

CR2E034 (12/95)